

Behavioral Health Advisory Committee

**DRAFT Meeting #6 Minutes**

**Friday, April 28, 2017**

**9:00 a.m.**

**Health and Human Services Commission**

**Brown-Heatly Building**

**Public Hearing Room**

**4900 North Lamar Boulevard**

**Austin, Texas 78751**

Agenda Item 1: Welcome, Opening Remarks and Introductions

The Behavioral Health Advisory Committee (BHAC) meeting commenced at 9:08 a.m. with Mr. Wayne Young presiding as chair. Mr. Young welcomed committee members and members of the public. Mr. Young asked that the committee and members of the public to please take a moment of silence for the loss of BHAC member, Dr. John Kliever. Ms. Trina Ita, Assistant Commissioner of Mental Health and Substance Abuse Division, Health and Human Services Commission (HHSC) welcomed everyone to the meeting.

Mr. John Chacón, HHSC Stakeholder Relations Office, announced that the meeting was being conducted in accordance with the Texas Open Meetings Act and noted that a quorum was present for the meeting.

Table 1: The Behavioral Health Advisory Committee member attendance at the Friday, April 28, 2017 meeting.

MEMBER NAME	Attending the meeting?
Afejuku, Ayo MD	Yes by phone
Aylor, Candace	Yes
Castañeda, Elizabeth	Yes
Feehery, Matthew	Yes by phone
Holcomb, Valerie	Yes
Horton, Colleen	Yes
Howell, Jason	Yes
Humphrey, Cynthia	Yes
Johnson, Celeste	No
Johnson, Windy	No
Leon, Carlos	Yes
Osadchey, Lidya	No
Richardson, Andrea	No
Scott, Nakia MD	Yes by phone
Wolff, Matthew	No
Young, Wayne	Yes

#### Agenda Item 2: Approval of Minutes

Mr. Young called for a motion to review and approve the minutes of the January 20, 2017 meeting.

#### **Motion:**

Mr. Matthew Feehery moved to approve the minutes from the January 20, 2017 meeting as written. Mr. Carlos Leon seconded the motion. The Committee members unanimously approved the minutes by voice vote, with no nays and no abstentions.

#### Agenda Item 15: (Part 1 of 2) Action Items/Committee Recommendations

Below are the action items that were noted as being important to the work of the BHAC committee.

1. Transformation efforts began prior to September 1 and the work continues to happen internally. There was a formal letter developed for the Executive Commissioner from the BHAC Chair on behalf of the committee addressing two recommendations related to behavioral health issues, and the promotion of behavioral health wellness and recovery.
2. Below is legislation from this past session that was noted as being important to track the outcome:
  - **SB 1861 by Lucio**, relating to a comprehensive plan for increasing and improving the workforce in this state that serves persons with mental health and substance use issues addresses a workforce strategic plan. HHSC put forth language related to work force that is in article XI at the moment.
  - **HB 1794 by Bell**, which would require the Health and Human Services Commission (HHSC) to establish a Work Group on Mental Health Access for First Responders to develop and make recommendations for improving access to mental health care services for first responders.
  - **HB 4172 by Coleman** relating to training for law enforcement officers and officials; authorizing a fee. The Bill requires that as part of the minimum curriculum requirements, the commission shall establish a statewide comprehensive education and training program on civil rights, racial sensitivity, implicit bias, and cultural diversity for persons licensed under this chapter.

#### Agenda Item 3: Intellectual Developmental Disabilities and Behavioral Health Services Update

Ms. Trina Ita, HHSC Mental Health Coordination Director provided an update on BHAC recommendations and appointments and Ms. Lauren Lacefield-

Lewis, Assistant Commissioner, Mental Health and Substance Abuse Division provided an update on Rider 73 and Opioid grant.

Highlights of the **Behavioral Health Advisory Committee recommendations and appointments update** and member discussion included:

- Mr. Trina Ita stated there have been activities underway to fill vacant positions on the Committee. SB1021 addresses streamlining advisory committee so it was determined to pause any appointments until after the legislation occurs and either passes or does not pass.

Highlights of the **Rider 73 update** and member discussion included:

- Ms. Lauren Lacefield-Lewis stated that the Mental Health Peer Support Re-entry Pilot was operational by the 4<sup>th</sup> quarter of the year. There are certified peer specialists in county jails through three centers. HHSC works with individuals in jails until the person leaves services. Initial outcomes have been good. 83% of participants have chosen to stay in the program. A good number have a moderate substance use problem. About 8% had significant issues requiring a living situation. Some individuals have engaged with educational programs such as GED and Community Colleges.
- Question was asked by committee member whether the data will be available and how were the specialists trained and Ms. Lacefield-Lewis responded that there is a basic level of training and the opioid grant will offer additional opportunities.

Highlights of the **Opioid grant update** and member discussion included:

- Ms. Lacefield-Lewis stated that there has not been an official notification to date but the award looks promising. There has been a lot of pre-work and a budget system had to be put in place and contract refinement. There has been transition activities underway to be prepared for when the official notification is received in June. The Grant addresses:
  - Increased outreach
  - Outreach Screening and Referrals are being involved
  - Re-entry work will also be going on involving the peer effort above
  - More medication therapy with increased providers
  - Increased peers, access and employment
  - The above will provide a look at what the transformed system can look like.

- Question was asked if there will be an increase in rates included and Ms. Lacefield-Lewis responded that an increase in rates would be included and that it was essential to attract new providers and stabilize the provider base.
- Committee member made a comment that it is important to transform the treatment to move beyond medication to Medication Assisted Recovery (MARs).
- Question was asked by a committee member that if Naloxone education and the drug was included in the plan and Ms. Lacefield-Lewis responded that it's part of the plan and a comprehensive approach.
- Comment was made by a committee member that the focus seems to be at the Community Mental Health Centers and Ms. Lacefield-Lewis responded it is inclusive and other clinics will also be engaged.
- Question was asked by committee member if Vivitrol was included in the plan and Ms. Lacefield-Lewis responded that the application process for Vivitrol and inclusion in the formulary has been sent out to providers. She stated that the timing for the decision involves the next formulary meeting in July but HHSC can meet earlier if needed.
- Committee member made a comment that Naltrexone is another treatment option but noted that different patients have different profiles and that impacts the effectiveness.
- Committee member made a comment that HHSC and committee can look at the Combine study that looked at alcohol dependence. It was noted that alcohol and opioid dependence are often co-morbid and that might help with the formulary committee.
- Ms. Lacefield-Lewis stated that the formulary committee is very neutral and when requested may review both alcohol and opioid profiles. She noted that the cost related to the medication will also be a consideration and will be a good discussion for this group. Mr. Wayne Young, Chair stated that this might be referred to a subcommittee and a more detailed discussion can occur there.
- Comment was made by a committee member that there is a stigma issue related to Medication Assisted Therapy (MAT) and HHSC should discuss operationalizing the support for people using MAT.
- Comment was made by a committee member that the letter to the Executive Commissioner may not be timely at this point and that the committee has to address the recommendations during the interim. It was recommended by a committee member that members write their own letter.
- Ms. Horton stated that it is important for the letter to ask the Executive Commissioner what he is going to do about the recommendations.

#### Agenda Item 4: Legislative update

Mr. Edward Sinclair and Ms. Amy Williams, HHSC provided a legislative update to committee members and referenced Handout entitled "Legislative Calendar". Highlights of update and member discussion included:

- It was noted that HHSC has been following approximately 180 bills and numerous of those are related to IDD.
- Regarding "Riders", both the House and Senate have added additional dollars for behavioral health. Both provide community mental health wait lists. There are contingency riders for some legislation. The Senate has taken several exceptional items and have funded those. Mr. Sinclair commented on the availability of the issue docket.
- Comment was made by committee member that people with lived experience are not fond of a jail based competency restoration. One Bill HB4110 is based off the San Antonio model.

#### Agenda Item 9: Officer elections

Mr. John Chacón, HHSC Stakeholder Relations asked Ms. Elizabeth Castañeda from the Nominating Committee to present their recommendations. Ms. Castañeda stated that the Nominating Committee was recommending Mr. Wayne Young as Chair and Ms. Colleen Horton as Vice-Chair. Mr. Chacón read the job descriptions and asked the nominees if, based on the respective job descriptions, they would accept the nomination. Mr. Young and Ms. Horton accepted the nomination. Mr. Chacón asked for a motion to elect officers.

#### **Motion:**

Mr. Jason Howell moved to accept the recommendation from the Nominating Committee to elect Mr. Wayne Young as Chair and Ms. Colleen Horton as Vice-Chair. Mr. Matthew Feehery and Ms. Cynthia Humphrey seconded the motion. Mr. Chacón conducted a roll call and with ten (10) Yeas, zero (0) Nays, and one (1) member abstaining, the motion passed. The effective date for their terms to begin as Chair and Vice-Chair respectively will be at the next BHAC meeting.

#### Agenda Item 11: Approve fiscal year 2018 meeting dates

Ms. Karissa Sanchez, HHSC provided an overview and lead discussion on approval of fiscal year 2018 meeting dates and referenced the Handout entitled "Fiscal year 2018 meeting dates. After discussion from committee members on potential dates, the following dates were decided upon:

- October 27, 2017
- January 26, 2018
- May 18, 2018
- July 27, 2018

Mr. Young called for a motion to approve the fiscal year 2018 meeting dates decided by the committee members.

**Motion:**

Mr. Jason Howell moved to approve the above listed fiscal year 2018 meeting dates. Ms. Valerie Holcomb seconded the motion. The Committee members unanimously approved the fiscal year 2018 meeting dates by voice vote, with no nays and no abstentions.

[Agenda Item 5: Certified Community Behavioral Health Clinic Initiative update](#)

Mr. Jay Todd, HHSC provided an update on the Certified Community Behavioral Health Clinic Initiative. Highlights of update and member discussion included:

- Mr. Todd stated that in the past decade, Texas has made significant investments into the behavioral health delivery system. Policy revisions, infrastructure development, and technological innovations have been employed to allow people to have better access to the care they need. However, with multiple funding sources and services provided by various state agencies, gaps and fragmentation of care still continue to present significant barriers for populations with serious and persistent mental illness, emotional disturbances and substance use disorders.
- Mr. Todd stated that to help address these gaps, the Texas Health and Human Services Commission (HHSC) applied for and was awarded a Substance Abuse and Mental Health Services Administration (SAMHSA) planning grant in October 2015 to develop certification and payment methodologies for the integration of targeted acute care services into behavioral health (mental health and substance use disorder services) community centers. This planning grant was the first of a 2-part SAMHSA initiative to assist states with planning, implementing and evaluating efforts to improve community health services.
- Mr. Todd stated that participation in the SAMHSA Certified Community Behavioral Health Clinic (CCBHC) planning grant provided Texas with a unique opportunity to partner with managed care organizations (MCOs), providers and stakeholders to certify clinics, develop an integrated service delivery framework and craft a prospective payment model supporting a robust integrated care approach for behavioral health.
- Mr. Todd stated that planning activities included:
  - Developing state standards for pilot CCBHC centers based on SAMHSA criteria

- Identifying, preparing and certifying pilot CCBHCs
  - Developing a prospective payment system (PPS) based on Centers for Medicare and Medicaid Services (CMS) cost report methodology
  - Developing a proposal for participation in a 2-year national CCBHC demonstration project
- Mr. Todd stated that while Texas was not selected as a national demonstration site, Texas Health and Human Services is continuing to explore this emerging national model to transform service delivery to improve the lives and healthcare outcomes of vulnerable populations by creating a more efficient and coordinated system.
- Mr. Todd stated that through a rigorous application process, HHS selected 8 certification sites that exhibited the highest levels of readiness to participate in the certification process. Over the course of the planning grant year, these organizations prepared to become CCBHCs through continued partnership with HHSC staff. The following tools were used to certify the centers and are based on the SAMHSA Criteria and state demonstration application. More information about this process can be found in the state demonstration narrative.
  - CCBHC Reviewer Checklist – Tool used by HHSC staff to ensure that a center meets all of the components of the SAMHSA Criteria
  - CCBHC Pilot Site Assessment – Completed by HHSC and distributed to the centers identifying areas that needed additional information, resources or technical assistance
- Mr. Todd stated that there will be a ramp up period for the sites beginning September 1 and completed March. HHSC is looking at how they will align with the behavioral health home pilots. Some pieces are pending awaiting conference committee decisions. Behavioral Health Integration Advisory Committee recommendations are being included. There are partnerships developing between community mental health centers and FQHCs.

#### Agenda Item 6: Medicaid policy and program update

Ms. Suling Homsy and Ms. Laura Gold, HHSC Medicaid/CHIP Policy provided an update on the Medicaid policy and program to committee members. Highlights of update and member discussion included:

- HHSC staff provided an update about completed projects related to mental health parity. HHSC staff noted that the Mental Health Parity

final rule has been developed and CMS issued final rules for Medicaid managed care and CHIP which address mental health parity.

- HHSC staff stated that benefits cannot be any more restrictive than other medical/surgical benefits and limitations must be comparable within groups. It was further noted that quantitative treatment limits are numerical while the non-numerical limits are service based and the quantitative treatment analysis required will be conducted by the state. Modifications will be made if the assessment shows compliance failure.
- HHSC staff stated that quantitative and non-quantitative treatment limitations cannot be more restrictive for behavioral health than for medical. Nineteen health plans will be required to comply and the results posted to the HHSC website. A resource list was provided to members.
- HHSC staff stated that CMS continues to roll webinars to provide guidance in developing the process. HHSC is trying to be as flexible as possible. HHSC was accepted into the Parity Academy last month. CMS worked with their federal partners and discussed approaches to reach parity. Benefits are being classified and categorizing benefits and before the treatment limitation analysis can happen the benefits have to be categorized by using the ICD10.
- HHSC staff noted that NQTL tools have been worked on and that the NQTL analysis requires processes and evidentiary standards. It was further noted that limitations are necessary but the issue is that they have to be the same and not vary between mental health and surgery. An MCO can consider these things based on information as long as they are comparable and less stringent. HHSC will be looking at the tool and reworking it for Texas.
- HHSC held a webinar with the MCOs this past week. They will be meeting sometime soon. A web page is being developed related to parity and reaching out to consumers and providers to provide education on the process.
- Question was asked by a committee member if HHSC has looked at HB10 and how it will impact and HHSC staff responded that HB10 should help develop the NQTL tool.
- Comment was made by a committee member that what's worrisome is the lag in information related to substance use and what constitutes strong evidence. HHSC staff responded that what CMS is saying is you can apply NQTL as long as you have good evidence, but as long as it is not more stringent.
- HHSC staff stated that they are not looking to eliminate services but support the efforts to come into compliance. HHSC is looking at existing benefits but only for comparability and then identify what



would have to be adjusted on the behavioral health side. The benefits could not be offered until direction and appropriation occurs.

- HHSC staff provided an update related to targeted case management policies. It was also noted that Neurobehavioral testing and alignment of codes has occurred and they have been moved together and that there will be a rate hearing for this in May for implementation in July.

#### Agenda Item 7: Public Comment

**Ms. Joey Gidsey, representing herself and the Austin Justice Coalition** addressed the topic around LGBTQIA protections, provider training, and organizational support. Ms. Gidsey stated that she was told there were no gay people when her mother was growing up. That was because they were in the closet, being the subject of ridicule. She stated that the LGBTQIA community does not have opportunities to share their lives. Ms. Gidsey stated that accessibility is an issue related to providing public comment. The meeting is held during the day when people cannot attend. There is no coverage for LGBTQ in the HHSC Office for Disproportionality and this allows ignoring the gay community to become normal.

A committee member stated they take the comments to heart. She stated what would be helpful would be to hear specific things needed to have a policy discussion.

**Ms. Amy Mashberg, representing herself and as a retired state employee** addressed the topic around LGBTQ issues in behavioral health specifically, regarding competency training. Ms. Mashberg stated they tried to add sexual orientation to cultural competency training. She stated they were told this is impossible because of section 21.06 (Sodomy law) which allows discrimination. She indicated that there is a grant that excludes LGBTQ and they were told it is because of the Legislature's bathroom bill.

A committee member stated that she wanted to be clear that the Committee does not put forth legislation and they have no control over bills like SB6.

#### Agenda Item 8: 1115 Waiver update

Ms. Amanda Broden, HHSC provided an update on the 1115 Waiver and referenced Handout entitled "DSRIP Update". Highlights of update and member discussion included:

- Knowing what the measure bundles are can impact the services and systems. Different providers (hospitals, community mental health centers, etc.) will have different measures and bundles.

- A committee members stated it sounds like we are still measuring activities and asked if HHSC is looking at recovery outcomes. Ms. Broden responded that once HHSC has voted on lists from the clinicians, it will all go out for public comment. HHSC will know what other stakeholders feel are appropriate measures.
- A member asked if there is an auditing of the measures and Ms. Broden stated there is an independent assessor and that HHSC is now looking at compliance and the number actually reported.
- A members responded that the quality of life scale has been used by some in the past as well as the recover capital scale. Mr. Wayne Young, Chair stated that the committee will put on the parking lot having the data subcommittee review the measures.
- Committee member stated that when DSRIP started it was going to be 6 years and now HHSC is talking about years 7 and 8. Committee member asked if there had been discussion about sustainability if the funding goes away and Ms. Broden stated that in FY6 there are sustainability planning at the project level and it has been clear that DSRIP is not a permanent funding stream.
- A member stated that United Health Care has been doing some work around housing. Ms. Broden stated that in Houston housing project have been underway.
- Ms. Broden stated that they are looking at MCOs about the measures they are using.
- A member stated that sustainability exists at the community level. There had been discussion about states being pressured to expand under the Affordable Care Act. Ms. Broden stated that sustainability is a current consideration.

#### Agenda Item 10: Subcommittee/Committee Reports

##### **a. Block Grant Subcommittee Update**

Mr. Jason Howell, BHAC member, provided an update and highlights of the presentation and member discussion included:

- Mr. Howell stated that there is an ongoing web project looking at other states web activity. There was a site visit from SAMHSA that went very well. Texas is no longer considered a CDC HIV designated state because of the reduced incidence. Now there is flexibility in how block grant funds can be spent. The 2018-19 Block Grant preparation has begun. The strategic plan will be aligned with SAMHSA goals and there will be a cross walk document made available.

##### **b. Children and Youth Behavioral Subcommittee Update**

Ms. Molly Lopez provided an update and referenced various handouts during her update. Highlights of the presentation and member discussion included:

- Ms. Lopez stated that the last meeting was April 12. She stated that children's mental health awareness day event was held at the capitol May 6. She noted that the recovering from trauma initiative was complete. She provided a link to a report that provides an overview of the progression and accomplishments of the Texas Children Recovering from Trauma Initiative, its goals, an evaluation of the entire project, outcomes, and lessons learned with success stories that illustrate the impact of this initiative. Details of the efforts described in this report can be found in prior quarterly reports submitted to the Substance Abuse and Mental Health Administration (SAMSHA) during the project period. She noted that there were significant training effort for families and providers and there was trauma focused CBT provided through the grant. She noted that the Texas System of Care Strategic Plan was completed.
- There was discussion about transition of youth being served in the mental health system and that there is a new level of care to help children transition.
- Ms. Lopez stated that the next meeting is scheduled for July 12, 2017.
- Question was asked by a committee member if there was discussion about substance use disorder and Ms. Lopez responded that there had been a discussion as part of the grants they monitor and there is discussion about a statewide strategic plan.

**c. Data Subcommittee**

No update was provided.

**d. Rules Subcommittee**

Ms. Valerie Holcomb, BHAC member provided an update on Rules related to behavioral health. Highlights of the presentation and member discussion included:

- By-laws were reviewed and discussion about adding more people to the subcommittee. HHSC and subcommittee have looked at rules to address adding more members to this subcommittee.

**e. Self-Directed Care Ad Hoc Subcommittee**

Ms. Jessie Aric, HHSC Behavioral Health Services, provided an update on activities of Self-Directed Care Ad Hoc Subcommittee. Highlights of the presentation and member discussion included:

- Ms. Aric stated that the SDC project will enable members with serious mental illness to self-direct a budget to for out-patient mental health services and nontraditional supports in the Travis Area. Fifteen members were chosen for a subcommittee. Technical assistance will be provided through SAMHSA and University of Florida ICHIP. The program is in two phases and enrollment will be September 2017.

**f. Policy Subcommittee**

Mr. Wayne Young, BHAC Chair, provided an update on Policies related to behavioral health and referenced handout entitled "BHAC Recommendations". Highlights of the update and member discussion included:

- Mr. Young stated that the handout lays out the recommendation process for the legislature and those for the executive Commissioner. He stated that it helps lay out what to do and when on how subcommittees will interface with the over-all process and recommendations in July.
- A committee member stated that during the interim there will be legislative charges that the BHAC committee might want to weigh in on.
- A committee member distributed a one pager on LGBTQIA. It was noted by Mr. Young that the one-pager should go to a policy subcommittee. It was noted that this one-pager can be considered as recommendations to the Executive Commissioner. It was suggested that a new subcommittee related to disproportionality and disparity within the mental health recovery systems be considered.

[Agenda Item 12: Public Comment:](#)

**Mr. Rodney Florence representing himself addressed the topic related to mental health grant proposal.** Mr. Florence stated that language related to LGBTQ youth has been removed from the children's grant proposal. He stated he feared it was some religious organization that pressured HHSC to remove the language. He requested that LGBTQ youth be put back into the proposal.

[Agenda Item 13: Summary of evaluation feedback](#)

Mr. Wayne Young provided a summary of BHAC evaluation feedback. Highlights of summary and member discussion included:

- Response rate was low – only 2 members provided feedback on the role of the Chair.
- Positive (general) feedback was received for the following items:
  - Meetings are run effectively

- Agenda topics are appropriate/useful
  - Presenters effective
- Helpful feedback for future meetings:
  - Subcommittee reports – suggestion that reports highlight key information for the whole group (not just from one committee member’s perspective).
  - Subcommittee meetings – if a subcommittee is not actively working on something, they may not need to meet. This could require changes to the by-laws for some subcommittees (e.g., data and rules) but not for others (e.g., children and youth, block grant – which have state and/or federal requirements). It was noted that it fits nicely with the action items that may be assigned to various subcommittees.
- Feedback for Chair and/or Vice-Chair to enhance meetings:
  - Positive feedback was noted on current Chair for moving the discussion forward and ensuring the BHAC remains on topic.
  - Concerns about “members bringing personal concerns to the table without demonstration that the topic is a concern to the system/persons the member is representing on the BHAC”. Rather than informing the conversation, this has become a distraction.”

#### Agenda Item 14: [Planning for Next Meeting](#)

- Mr. Young noted that the next meeting is scheduled for Friday, August the 18<sup>th</sup> from 9:00 am - 4:00 pm.
  - Correct spelling of Dr. Nakia Scott’s first name in January 20, 2017 meeting minutes.
  - Ms. Colleen Horton will take the lead in drafting a letter related to BHAC recommendations on behalf of the BHAC committee addressed to the Executive Commissioner.
  - HHSC will send Bill track list to BHAC members.
  - HHSC will send LBB document to BHAC members.
  - Add Marisa Luera and Tamela Griffin to D-List.
  - HHSC will send approved 2018 BHAC meeting dates to BHAC members.
  - Policy subcommittee to look at where are policies related to behavioral health and what is currently in place regarding codes.
  - HHSC will look into setting-up Certified Community Behavioral Health Clinics (CCBHC) site visits for BHAC members.
  - HHSC will send a copy of parity update to BHAC members.

- HHSC will reach out to Robert Dole to get IDD Behavioral Health Benefits workgroup meeting feedback to present to BHAC members at next meeting.
- Policy subcommittee will look at LGBTQIA data.
- Data subcommittee will review measures regarding DSRIP.
- HHSC will send Self-Directed Ad-hoc subcommittee meeting dates to BHAC members.
- Policy subcommittee will look at health disparities in behavioral health.
- Data subcommittee will look into prevalence of co-occurrence.
- Review and comment of Medicaid policies by BHAC members should be an on-going action item.

[Agenda Item 16: Closing Remarks](#)

The Committee adjourned at 3:38 p.m.